



PARTICIPANT EVALUATION

Program Title _____ Date _____

1. Overall, I thought that the program was:

Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent ☐

2. To what degree will the information be helpful to you in your job?

Not helpful ☐ Some Help ☐ Very Helpful ☐

3. Was the program what you expected it to be?

Not at all ☐ Somewhat ☐ As Expected ☐

4. How would you rate the overall effectiveness of the instructors?

Name of Instructor	Poor	Fair	Good	Very Good	Excellent

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(Continued)

5. Were there any parts of the program you would change? If so, please specify.

6. Other comments regarding this program:

7. What other kinds of in-service training would you like to have available?